

MINI CAMP



GENERAL INFORMATION

Program is for children eligible to enter Kindergarten in the fall. **Child must be 5 by 12/31/17.** You may sign up for as many sessions as you want. Please note some activities will repeat.

Meets Monday-Friday from 9:30 a.m.-12:30 p.m. at the Buttonball School Room #5 as follows:

Session 1: June 26-30
Session 2: July 3-July 7 (No program July 4)
Session 3: July 10-July 14
Session 4: July 17-July 21

THE STAFF

Mini Camp is staffed by 5 people. A Head Leader and 4 high school/college aged assistants. The ratio of children to Staff will not exceed 6:1. The Head Leader is certified in Red Cross First Aid/CPR.

THE PROGRAM

Our objective is to ensure each child has a fun, rewarding and confidence building experience. Inherent in the program is exposure to group socialization, and your child may often come home with some new found knowledge about nature, knowing how to play a new game etc.

A typical day will include opening ceremonies, a physical activity, arts & crafts, free play with choices and story time. Often, there will be theme days and/or special events. If you are signed up for multiple sessions, please be advised many activities will repeat.

There may be a special day when water play is planned (it is not part of the daily activities). Since we are not able to change children in and out of bathing suits during the camp day, Staff will advise Parents in advance when water play will occur so that your child comes to the program that day with a bathing suit on or under their clothes, with a towel and wearing shoes that can get wet.

REMINDERS

Mini Camp meets rain or shine!

Comfortable play clothing that can get wet or dirty is a must, as is sturdy footwear for active games.

Staff is not responsible for applying sunscreen! Be sure your child comes with long lasting sunscreen already on and/or is able to apply it his or herself.

Send a smock with your Childs name in it at the start of the program week.



SNACK

Snack is not provided, however you should send one with your child. Because of food allergies, Staff will enforce strict "no food trading/sharing" rules. Instruct your child not to touch trade or share food with anyone else.

ARRIVAL & DEPARTURE

Arrival time is 9:30 a.m. Parents are asked to avoid bringing children before that time so that Staff may have time to prepare for their arrival. We require that the Parent/Guardian come in to drop-off and pick-up their child. You will need to sign your child in/out. Not only does this ensure your child will be properly supervised, but Staff also look forward to daily contact with each Parent/Guardian. Never drop your child off and leave before greeting a Staff person.

Your child will have had a busy day and be ready to leave promptly at 12:30 noon. **A \$15 late fee** will be charged to parents picking children up after 12:40 p.m.

EXCESSIVE HEAT

During periods of excessive heat /humidity, send your child with plenty of liquids (water & juice), dressed in appropriate light weight, light color, loose fitting clothing. Be sure they wear sunscreen. We will limit strenuous activity, take frequent breaks and do our best to stay indoors or in shaded areas during the hottest part of the day. If you have concerns about your child, please consider keeping them home when high heat/humidity advisories are in effect.

INFORMATION/EMERGENCY CONSENT

The Child Information/Emergency Consent form must be completed and sent with your child on their first day of Mini Camp.

YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE WITHOUT A FORM ON FILE!

HEALTH/MEDICAL CONCERNS

If your child is on medication, or requires medication in the event of an emergency (diabetic, food allergy, asthma etc.), you must complete and submit an **Authorization for Administration of Medication Form** to Parks & Recreation prior to the start of Mini Camp.

You must also provide a written Treatment Form from your Physician with specific instructions of how and when medication is to be given.

Forms are available at the Parks & Recreation Office or from our website www.glastonbury-ct.gov.

SPECIAL NEEDS

Please make us aware in writing, prior to the start of the program of any special needs that your child might have.

For more information, contact the Parks & Recreation Department at 860-652-7679.

GLASTONBURY PARKS AND RECREATION DEPARTMENT

MINI CAMP

CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and returned with him/her on their **FIRST DAY ATTENDING THE PROGRAM.**

ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.

CHILD INFORMATION

Child's Name _____ Date of Birth _____

Address: _____ Home Phone _____

Check the session(s) Child Will Attend:

Session 1:	June 26-30	_____
Session 2:	July 3-7 (canceled July 4)	_____
Session 3:	July 10-14	_____
Session 4:	July 17-21	_____

PARENT/GUARDIAN INFORMATION

Please provide the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Day Phone () _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Day Phone () _____

OTHER CONTACTS

Please provide the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Day Phone () _____

2) Name: _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Day Phone () _____

SPECIAL NEEDS

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Mini Camp Head Leader to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

CHILD'S NAME: _____

MEDICAL INFORMATION

If your child is on any medication or requires medication in the event of an emergency (ritilin, diabetic, food allergy, asthma etc.) YOU must complete and submit an **Authorization For The Administration of Medication** form prior to the start of the program. Forms are available at Parks & Recreation or from our website (www.glastonbury-ct.gov). Click parks & recreation website, downloadable forms, medication).

Known Medical Conditions: _____

Known Allergies: _____

Medication to be Administered: _____

OTHER INFORMATION

Please use this space for any additional information that you feel might be helpful to the staff working with your child.

EMERGENCY INFORMATION

In an emergency, I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If in the opinion of the Parks & Recreation program Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals: _____

If the situation permits, I prefer one of the following physicians: _____

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name: _____ Age: _____ during my absence while my child is under the care of the Glastonbury Parks and Recreation Department program Staff.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Name: _____ Relationship: _____

Signature: _____ Date: _____